U.S. Department of Labor Office of Labor-Management Standards

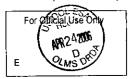
Washington, DC 20210

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## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1 File Number U - 2775

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2005 Through: 12 / 31 / 2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Marsha L Schweitzer	Name Musicians Association of Hawaii		
···	Labor Organization File Number 013-905		
P.O. Box, Bldg., Room No., if any 404	P.O. Box, Building and Room Number, if any		
Street 905 Spencer St	Street 949 Kapiolani Blvd		
City Honolulu	City Honolulu		
State Hawaii ZIP Code + 4 96822	State Hawaii ZIP Code + 4 96814		
. Position in labor organization. Secretary-Treasurer			
<ul> <li>A. Held an interest in, engaged in transactions (including loans) with nonetary value from an employer whose employees your organi</li> </ul>	or derived income or other economic benefit of zation represents or is actively seeking to represent.		
monetary value from an employer whose employees your organi	7.a. Nature of Interest, Transaction, or Income.		
nonetary value from an employer whose employees your organi  3. Name and address of Employer (including trade name, if any).  Name n/a	7.a. Nature of Interest, Transaction, or Income.		
nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name n/a  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
Name and address of Employer (including trade name, if any).  Name n/a  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name n/a  Trade Name, if any: [  P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name n/a  Trade Name, if any: [  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature		
nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any).  Name n/a  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIF Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  15. Signature and verification. The undersigned declares, under penal submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Signature  ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the		

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Name of Person Filing Marsha Schweitzer	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name Marsha Schweitzer  Trade Name, if any:  P.O. Box, Bldg., Room No., if any 404  Street 905 Spencer St  City Honolulu  State Hawaii 2IP Code + 4 96822	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name n/a  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	loan to union	
Street	11.b. Approximate dollar value of such dealing.	\$150,000
City	12.a. Nature of interest held or income received.	
State . ZIP Code + 4	loan interest	
	12.b. Amount.	\$7,250
C. Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of money	der parts A and B above) ey or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name n/a		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		T A A A A A A A A A A A A A A A A A A A
Street	]	
City	] [	AAA
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$0